



HIPAA Companion Guide Specifications

TXN 270/271 Health Care Eligibility Benefit Inquiry and Response

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Table of Contents

1. INTRODUCTION	1
2. SCOPE.....	2
3. 270 ELIGIBILITY REQUEST TRANSACTION MAP	3
4. 271 ELIGIBILITY RESPONSE TRANSACTION MAP	11
5. DOCUMENT CHANGE HISTORY	23



1. INTRODUCTION

This Companion Guide is designed to be used in conjunction with the *HIPAA Implementation Guide*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid (NCXIX). The Division of Medical Assistance's (DMA) solution for HIPAA recommends suggested methods for utilizing the transactions.

2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within two years of the rule effective date, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline.

The ability to process a real-time electronic eligibility inquiry transaction for a single Medicaid recipient currently exists with the Eligibility Verification System (EVS). To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance, additional functionality will be available to allow NC Medicaid providers to submit an eligibility benefits inquiry through executing a 270 real-time transaction. The 271 transaction provides the electronic response to this request. Real-time transactions are only supported through Value Added Networks (VANs) for which EDS and the North Carolina Division of Medical Assistance (DMA) have agreements. For a listing of VANs supported by EDS and DMA, please contact Electronic Commerce Services (ECS) at 1-800-688-6696, option 1.

This transaction set will also be available in batch mode allowing trading partners to submit multiple eligibility requests for multiple recipients. Trading partners can submit batch transactions directly to EDS without using a VAN.

Fields required for the current EVS request are the same fields supported on the 270 request transaction. Fields returned on the current EVS response are also the same fields returned on 271 response.

All eligibility data that is currently supported on the EVS request and response will continue to be supported with the 270/271 transaction. This companion guide outlines the North Carolina Medicaid search criteria for the eligibility request sent in the 270 and the response data provided in the 271.

North Carolina Medicaid is only supporting the generic eligibility requests. If requests are received for specific coverage information, these requests will not be rejected. However, only eligibility information will be provided in the response as allowed by HIPAA.

3. 270 ELIGIBILITY REQUEST TRANSACTION MAP

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
	1	R	ST01	Transaction Set Identifier Code	Follow rules of the Implementation Guide
			ST02	Transaction Set Control Number	Follow rules of the Implementation Guide
	1	R	BHT01	Hierarchical Structure Code	Follow rules of the Implementation Guide
			BHT02	Transaction Set Purpose Code	Follow rules of the Implementation Guide
			BHT03	Submitter Transaction Identifier	Follow rules of the Implementation Guide
			BHT04	Transaction Set Creation Date	Follow rules of the Implementation Guide
			BHT05	Transaction Set Creation Time	Follow rules of the Implementation Guide
			BHT06	Transaction Type Code	Follow rules of the Implementation Guide
2000A/R-41	>1			INFORMATION SOURCE LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
2100A/R-44				INFORMATION SOURCE NAME	
	1	R	NM101	Entity Identifier Code	Follow rules of the Implementation Guide
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			NM103	Information Source Last or Organizational Name	Follow rules of the Implementation Guide
			NM104	Information Source First Name	Follow rules of the Implementation Guide
			NM105	Information Source Middle Name	Follow rules of the Implementation Guide
			NM106	Name Prefix	Follow rules of the Implementation Guide
			NM107	Information Source Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	Follow rules of the Implementation Guide
			NM109	Information Source Primary Identifier	Follow rules of the Implementation Guide
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
2000B/R-47	>1			INFORMATION RECEIVER LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
2100B/R-50	1			INFORMATION RECEIVER NAME	
	1	R	NM101	Entity Identifier Code	For NC Medicaid use 1P - Provider
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Information Receiver Last or Organizational Name	Last Name of Provider if an individual or Name of Provider if an organization

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			NM104	Information Receiver First Name	First Name of Provider if an individual, field is blank if Provider is an organization
			NM105	Information Receiver Middle Name	Follow rules of the Implementation Guide
			NM106	Name Prefix	Follow rules of the Implementation Guide
			NM107	Information Receiver Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	For NC Medicaid use SV – Service Provider Number
			NM109	Information Receiver Identification Number	Medicaid Provider Number
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
	9	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Information Receiver Additional Identifier	Follow rules of the Implementation Guide
			REF03	License Number State or Province Code	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	N301	Information Receiver Address Line 1	Follow rules of the Implementation Guide
			N302	Information Receiver Additional Address Line 2	Follow rules of the Implementation Guide
	1	S	N401	Information Receiver City Name	Follow rules of the Implementation Guide
			N402	Information Receiver State Code	Follow rules of the Implementation Guide
			N403	Information Receiver Postal Zone or ZIP Code	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			N404	Country Code	Follow rules of the Implementation Guide
			N405	Location Qualifier	Follow rules of the Implementation Guide
			N406	Location Identifier	Follow rules of the Implementation Guide
	3	S	PER01	Contact Function Code	Follow rules of the Implementation Guide
			PER02	Information Receiver Contact Name	Follow rules of the Implementation Guide
			PER03	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER04	Information Receiver Communication Number	Follow rules of the Implementation Guide
			PER05	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER06	Information Receiver Communication Number	Follow rules of the Implementation Guide
			PER07	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER08	Information Receiver Communication Number	Follow rules of the Implementation Guide
			PER09	Contact Inquiry Reference	Follow rules of the Implementation Guide
	1	S	PRV01	Provider Code	NC Medicaid does not utilize this segment
2000C/R-66	>1			SUBSCRIBER LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
	2	S	TRN01	Trace Type Code	Follow rules of the Implementation Guide
			TRN02	Trace Number	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			TRN03	Trace Assigning Entity Identifier	Follow rules of the Implementation Guide
			TRN04	Trace Assigning Entity Additional Identifier	Follow rules of the Implementation Guide
2100C/R-71	1			SUBSCRIBER NAME	
	1	S	NM101	Entity Identifier Code	For NC Medicaid use IL – Insured or Subscriber
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Subscriber Last Name	Follow rules of the Implementation Guide
			NM104	Subscriber First Name	Follow rules of the Implementation Guide
			NM105	Subscriber Middle Name	Follow rules of the Implementation Guide
			NM106	Name Prefix	Follow rules of the Implementation Guide
			NM107	Subscriber Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	For NC Medicaid use MI – Member Identification Number
			NM109	Subscriber Primary Identifier	Recipient Medicaid ID Number
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
	9	S	REF01	Reference Identification Qualifier	For NC Medicaid use SY – Social Security Number Use this element when the only other search criteria provided is the date of birth or the patient name This element is not necessary if the MID or the patient name and date of birth is provided
			REF02	Subscriber Supplemental Identifier	Recipient Social Security Number
			REF03	Description	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	N301	Subscriber Address Line 1	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			N302	Subscriber Address Line 2	Follow rules of the Implementation Guide
	1	S	N401	Subscriber City Name	Follow rules of the Implementation Guide
			N402	Subscriber State or Province Code	Follow rules of the Implementation Guide
			N403	Subscriber Postal Zone or ZIP Code	Follow rules of the Implementation Guide
			N404	Country Code	Follow rules of the Implementation Guide
			N405	Location Qualifier	Follow rules of the Implementation Guide
			N406	Location Identifier	Follow rules of the Implementation Guide
	1	S	PRV01	Provider Code	Follow rules of the Implementation Guide
			PRV02	Reference Identification Qualifier	Follow rules of the Implementation Guide
			PRV03	Provider Identifier	Follow rules of the Implementation Guide
			PRV04	State or Province Code	Follow rules of the Implementation Guide
			PRV05	Provider Specialty Information	Follow rules of the Implementation Guide
			PRV06	Provider Organization Code	Follow rules of the Implementation Guide
	1	S	DMG01	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DMG02	Subscriber Birth Date	Follow rules of the Implementation Guide
			DMG03	Subscriber Gender Code	Follow rules of the Implementation Guide
			DMG04	Marital Status Code	Follow rules of the Implementation Guide
			DMG05	Race or Ethnicity Code	Follow rules of the Implementation Guide
			DMG06	Citizenship Status Code	Follow rules of the Implementation Guide
			DMG07	Country Code	Follow rules of the Implementation Guide
			DMG08	Basis of Verification Code	Follow rules of the Implementation Guide
			DMG09	Quantity	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
	1	S	INS01	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
			INS02	Individual Relationship Code	Follow rules of the Implementation Guide
			INS03	Maintenance Type Code	Follow rules of the Implementation Guide
			INS04	Maintenance Reason Code	Follow rules of the Implementation Guide
			INS05	Benefit Status Code	Follow rules of the Implementation Guide
			INS06	Medicare Plan Code	Follow rules of the Implementation Guide
			INS07	COBRA Qualifying	Follow rules of the Implementation Guide
			INS08	Employment Status Code	Follow rules of the Implementation Guide
			INS09	Student Status Code	Follow rules of the Implementation Guide
			INS10	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
			INS11	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			INS12	Date Time Period	Follow rules of the Implementation Guide
			INS13	Confidentiality Code	Follow rules of the Implementation Guide
			INS14	City Name	Follow rules of the Implementation Guide
			INS15	State or Province Code	Follow rules of the Implementation Guide
			INS16	Country Code	Follow rules of the Implementation Guide
			INS17	Birth Sequence Number	Follow rules of the Implementation Guide
	2	S	DTP01	Date Time Qualifier	For NC Medicaid use 307 – Eligibility, 472 – Service, or 435 - Admission
			DTP02	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DTP03	Date Time Period	Request Dates of Service Medicaid does not provide eligibility information for future dates of service

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
2110C/S-89	99			SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION	
	1	S	EQ01	Service Type Code	NC Medicaid will only support 30 – Health Benefit Plan Coverage
			EQ02	Composite Medical Procedure Identifier	NC Medicaid will not support procedure specific eligibility coverage. Trading Partners may send this information, but it will not be used to determine NC Medicaid recipient eligibility
			EQ03	Coverage Level Code	NC Medicaid will not support coverage level. Trading Partners may send this information, but it will not be used to determine NC Medicaid recipient eligibility
			EQ04	Insurance Type Code	Follow rules of the Implementation Guide
	1	S	AMT01	Amount Qualifier Code	NC Medicaid will not use this segment
	10	S	III01	Code List Qualifier Code	NC Medicaid will not use this segment
	1	S	REF01	Reference Identification Qualifier	NC Medicaid will not use this segment
	1	S	DTP01	Date Time Qualifier	NC Medicaid will not use this segment. The date for NC Medicaid applies to the entire request and should be placed in loop 2100C
2000D/S-108	>1	S		DEPENDENT LEVEL	NC Medicaid will not use this loop
9999	1			TRANSACTION SET TRAILER	Follow rules of the Implementation Guide
	1	S	SE01	Number of Included Segments	Follow rules of the Implementation Guide
			SE02	Transaction Set Control Number	Follow rules of the Implementation Guide

4. 271 ELIGIBILITY RESPONSE TRANSACTION MAP

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
	1	R	ST01	Transaction Set Identifier Code	Follow rules of the Implementation Guide
			ST02	Transaction Set Control Number	Follow rules of the Implementation Guide
	1	R	BHT01	Hierarchical Structure Code	Follow rules of the Implementation Guide
			BHT02	Transaction Set Purpose Code	Follow rules of the Implementation Guide
			BHT03	Submitter Transaction Identifier	Follow rules of the Implementation Guide
			BHT04	Transaction Set Creation Date	Follow rules of the Implementation Guide
			BHT05	Transaction Set Creation Time	Follow rules of the Implementation Guide
			BHT06	Transaction Type Code	Follow rules of the Implementation Guide
2000A/R-158	> 1			INFORMATION SOURCE LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
	9	S	AAA01	Valid Request Indicator	NC Medicaid will return this AAA when the request is unable to be processed
			AAA02	Agency Qualifier Code	Follow rules of the Implementation Guide
			AAA03	Reject Reason Code	Follow rules of the Implementation Guide
			AAA04	Follow-up Action Code	Follow rules of the Implementation Guide
2100A/R-163	1			INFORMATION SOURCE NAME	

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
	1	R	NM101	Entity Identifier Code	NC Medicaid will set this value to PR - Payer
			NM102	Entity Type Qualifier	NC Medicaid will set this value to 2 – Non-person entity
			NM103	Information Source Last or Organization Name	NC Medicaid will set this value to NC Medicaid
			NM104	Information Source First Name	Follow rules of the Implementation Guide
			NM105	Information Source Middle Name	Follow rules of the Implementation Guide
			NM106	Name Prefix	Follow rules of the Implementation Guide
			NM107	Information Source Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	NC Medicaid will set this value to PI – Payer Identification
			NM109	Information Source Primary Identifier	NC Medicaid will set this value to NC00
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
	9	S	REF01	Reference Identification Qualifier	NC Medicaid will not use this segment
	3	S	PER01	Contact Function Code	NC Medicaid will not use this segment
	9	S	AAA01	Valid Request Indicator	NC Medicaid will set this value to N when the request has been rejected as identified by the code in AAA03
			AAA02	Agency Qualifier Code	Follow rules of the Implementation Guide
			AAA03	Reject Reason Code	Follow rules of the Implementation Guide
			AAA04	Follow-up Action Code	Follow rules of the Implementation Guide
2000B/S-175	> 1			INFORMATION RECEIVER LEVEL	
	1	S	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
	1	R	NM101	Entity Identifier Code	NC Medicaid will set this value to 1P - Provider
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Information Receiver Last or Organizational Name	NC Medicaid will return on the 271 response the Provider Last Name or Organization Name as submitted on the 270 request
			NM104	Information Receiver First Name	NC Medicaid will return on the 271 response the Provider First Name as submitted on the 270 request
			NM105	Information Receiver Middle Name	NC Medicaid will return on the 271 response the Provider Middle Name as submitted on the 270 request
			NM106	Name Prefix	Follow rules of the Implementation Guide
			NM107	Information Receiver Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	NC Medicaid will set this value to SV – Service Provider Number
			NM109	Information Receiver Identification Number	NC Medicaid will return on the 271 response the Provider Number as submitted on the 270 request
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
	9	S	REF01	Reference Identification Qualifier	NC Medicaid will not use this segment
	9	S	AAA01	Valid Request Indicator	NC Medicaid will return this AAA when there are provider information errors with the data submitted on the 270 request
			AAA02	Agency Qualifier Code	Follow rules of the Implementation Guide
			AAA03	Reject Reason Code	Follow rules of the Implementation Guide
			AAA04	Follow-up Action Code	Follow rules of the Implementation Guide
2000C/S-187	> 1			SUBSCRIBER LEVEL	
	1	S	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
	3	S	TRN01	Trace Type Code	Follow rules of the Implementation Guide
			TRN02	Trace Number	NC Medicaid will set value to 2 – Referenced Trace Number when a trace number is received on the 270 request
			TRN03	Trace Assigning Entity Identifier	NC Medicaid will return the trace number received on the 270 request
			TRN04	Trace Assigning Entity Additional Identifier	Follow rules of the Implementation Guide
2100C/R-193	1			SUBSCRIBER NAME	
	1	R	NM101	Entity Identifier Code	NC Medicaid will set this value to IL – Insured
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Subscriber Last Name	NC Medicaid will return the Recipient Last Name submitted on the 270 request or if not submitted on the 270 request, the Recipient Last Name in the NC Medicaid Eligibility File
			NM104	Subscriber First Name	NC Medicaid will return the Recipient First Name submitted on the 270 request or if not submitted on the 270 request, the Recipient First Name in the NC Medicaid Eligibility File
			NM105	Subscriber Middle Name	Follow rules of the Implementation Guide
			NM106	Subscriber Name Prefix	Follow rules of the Implementation Guide
			NM107	Subscriber Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	NC Medicaid will set this value to MI – Member Identification Number
			NM109	Subscriber Primary Identifier	NC Medicaid will return the recipient Medicaid Identification Number (MID)
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
	9	S	REF01	Reference Identification Qualifier	NC Medicaid will set value(s) SY = Social Security Number if number is received on the request and/or F6 = Medicare (HIC) Number if the recipient has Medicare on file with NC Medicaid
			REF02	Subscriber Supplemental Identifier	NC Medicaid will return the recipient's Social Security Number only if received on the 270 request and/or the HIC Number if Medicare is on file with NC Medicaid

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			REF03	Plan Sponsor Name	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	N301	Subscriber Address Line 1	Follow rules of the Implementation Guide
			N302	Subscriber Address Line 2	Follow rules of the Implementation Guide
	1	S	N401	Subscriber City Name	Follow rules of the Implementation Guide
			N402	Subscriber State or Province Code	Follow rules of the Implementation Guide
			N403	Subscriber Postal Zone or ZIP Code	Follow rules of the Implementation Guide
			N404	Country Code	Follow rules of the Implementation Guide
			N405	Location Qualifier	Follow rules of the Implementation Guide
			N406	Location Identification Code	Follow rules of the Implementation Guide
	3	S	PER01	Contact Function Code	NC Medicaid will not use this segment
	9	S	AAA01	Valid Request Indicator	NC Medicaid will return this AAA when there are recipient information errors with the data submitted on the 270 request
			AAA02	Agency Qualifier Code	Follow rules of the Implementation Guide
			AAA03	Reject Reason Code	Follow rules of the Implementation Guide
			AAA04	Follow-up Action Code	Follow rules of the Implementation Guide
	1	S	DMG01	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DMG02	Subscriber Birth Date	NC Medicaid will return the recipient birth date when it is available
			DMG03	Subscriber Gender Code	Follow rules of the Implementation Guide
			DMG04	Marital Status Code	Follow rules of the Implementation Guide
			DMG05	Race or Ethnicity Code	Follow rules of the Implementation Guide
			DMG06	Citizenship Status Code	Follow rules of the Implementation Guide
			DMG07	Country Code	Follow rules of the Implementation Guide
			DMG08	Basis of Verification Code	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			DMG09	Quantity	Follow rules of the Implementation Guide
	1	S	INS01	Insured Indicator	Follow rules of the Implementation Guide
			INS02	Individual Relationship Code	Follow rules of the Implementation Guide
			INS03	Maintenance Type Code	Follow rules of the Implementation Guide
			INS04	Maintenance Reason Code	Follow rules of the Implementation Guide
			INS05	Benefit Status Code	Follow rules of the Implementation Guide
			INS06	Medicare Plan Code	Follow rules of the Implementation Guide
			INS07	COBRA Qualifying	Follow rules of the Implementation Guide
			INS08	Employment Status Code	Follow rules of the Implementation Guide
			INS09	Student Status Code	Follow rules of the Implementation Guide
			INS10	Handicap Indicator	Follow rules of the Implementation Guide
			INS11	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			INS12	Date Time Period	Follow rules of the Implementation Guide
			INS13	Confidentiality Code	Follow rules of the Implementation Guide
			INS14	City Name	Follow rules of the Implementation Guide
			INS15	State or Province Code	Follow rules of the Implementation Guide
			INS16	Country Code	Follow rules of the Implementation Guide
			INS17	Birth Sequence Number	Follow rules of the Implementation Guide
	9	S	DTP01	Date Time Qualifier	NC Medicaid will set this value to 307 - Eligibility Date
			DTP02	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DTP03	Date Time Period	NC Medicaid will return the recipients requested eligibility date(s)
2110C/S-218	> 1			SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
	1	S	EB01	Eligibility or Benefit Information	<p>NC Medicaid will set this value to either 1 – Active Coverage or 6 – Inactive Coverage depending on the eligibility status of the recipient</p> <p>NC Medicaid will set this value to L – Primary Care Provider (PCP) if the recipient is enrolled with a PCP for the requested eligibility period</p> <p>NC Medicaid will set this value to R – Other or Additional Payer if the recipient has other insurance that is active during the requested eligibility period</p>
			EB02	Coverage Level Code	NC Medicaid will set this value to IND - Individual
			EB03	Service Type Code	NC Medicaid will set this value to 30 - Health Benefit Plan Coverage
			EB04	Insurance Type Code	NC Medicaid will set this value to one or more of the following applicable codes; MC – Medicaid, MA – Medicare Part A, MB – Medicare Part B, HM - HMO and/or OT - Other
			EB05	Plan Coverage Description	NC Medicaid will return the Medicaid Program Code (3 digit coverage type of the recipient e.g.; MPW, MAA, MQB, etc.; for the Family Planning Waiver Program, the 4 digit coverage type of MAFD is returned) and the Population (POP) Group Payer Code (5 digit payer code of the recipient e.g.; CAPAI, CAPDA, etc.)
			EB06	Time Period Qualifier	Follow rules of the Implementation Guide
			EB07	Benefit Amount	Follow rules of the Implementation Guide
			EB08	Benefit Percent	Follow rules of the Implementation Guide
			EB09	Quantity Qualifier	Follow rules of the Implementation Guide
			EB10	Benefit Quantity	Follow rules of the Implementation Guide
			EB11	Authorization or Certification Indicator	Follow rules of the Implementation Guide
			EB12	In Plan Network Indicator	Follow rules of the Implementation Guide
			EB13	Composite Medical Procedure Identifier	Follow rules of the Implementation Guide
			EB13-1	Product or Service ID Qualifier	Follow rules of the Implementation Guide
			EB13-2	Procedure Code	Follow rules of the Implementation Guide
			EB13-3	Procedure Modifier	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			EB13-4	Procedure Modifier	Follow rules of the Implementation Guide
			EB13-5	Procedure Modifier	Follow rules of the Implementation Guide
			EB13-6	Procedure Modifier	Follow rules of the Implementation Guide
			EB13-7	Description	Follow rules of the Implementation Guide
	9	S	HSD01	Quantity Qualifier	NC Medicaid will not use this segment
	9	S	REF01	Reference Identification Qualifier	NC Medicaid will only send this segment when EB01 - R and the other insurance policy number is available NC Medicaid will set this value to IL - Group or Policy Number
			REF02	Subscriber Eligibility or Benefit Identifier	NC Medicaid will return the other insurance policy number
			REF03	Plan Sponsor Name	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	20	S	DTP01	Date Time Qualifier	NC Medicaid will set this value to 307 - Eligibility If TPL, NC Medicaid will set this value to 292 - Benefit
			DTP02	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DTP03	Eligibility or Benefit Date Time Period	NC Medicaid Eligibility Dates
	9	S	AAA01	Valid Request Indicator	NC Medicaid will return this AAA when there are eligibility information errors with the data submitted on the 270 request
			AAA02	Agency Qualifier Code	Follow rules of the Implementation Guide
			AAA03	Reject Reason Code	Follow rules of the Implementation Guide
			AAA04	Follow-up Action Code	Follow rules of the Implementation Guide

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
	10	S	MSG01	Free Form Message Text	<p>NC Medicaid will use the MSG segment to return additional eligibility information as follows:</p> <p>If recipient has PCP information - 'PCP-TYPE' = Access, Pitt, etc.</p> <p>If recipient is enrolled in a Population (POP) group – 'POP GROUP' = CAP/MR, CAP/AIDS, etc.</p> <p>If recipient has TPL - 'Other Insurance Group Name' and/or 'Policy Holder Name'</p>
			MSG02	Printer Control Code	Follow rules of the Implementation Guide
			MSG03	Number	Follow rules of the Implementation Guide
2115C/S-246	10			SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION	
	1	S	III01	Code List Qualifier Code	Follow rules of the Implementation Guide
			III02	Industry Code	Follow rules of the Implementation Guide
			III03	Code Category	Follow rules of the Implementation Guide
			III04	Free Form Message Text	Follow rules of the Implementation Guide
			III05	Quantity	Follow rules of the Implementation Guide
			III06	Composite Unit of Measure	Follow rules of the Implementation Guide
			III07	Surface/Layer/Position Code	Follow rules of the Implementation Guide
			III08	Surface/Layer/Position Code	Follow rules of the Implementation Guide
			III09	Surface/Layer/Position Code	Follow rules of the Implementation Guide
	1	S	LS01	Loop Identifier Code	Follow rules of the Implementation Guide
2120C/S-250	1			SUBSCRIBER BENEFIT RELATED ENTITY NAME	

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
	1	S	NM101	Entity Identifier Code	NC Medicaid will set values as follows: If TPL segment 'PR' - Payer If PCP segment '1P' - Provider and/or P3 - Primary Care Provider
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Benefit Related Entity Last or Organization Name	NC Medicaid will set values as follows If TPL - Company Name If PCP - Provider Name
			NM104	Benefit Related Entity First Name	Follow rules of the Implementation Guide
			NM105	Benefit Related Entity Middle Name	Follow rules of the Implementation Guide
			NM106	Name Prefix	Follow rules of the Implementation Guide
			NM107	Benefit Related Entity Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	NC Medicaid will set values as follows If TPL 'PI' - Payer Identification
			NM109	Benefit Related Entity Identifier	NC Medicaid will set values as follows If NM108 - PI then TPL Company Code as available on the NC Medicaid file
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
	1	S	N301	Benefit Related Entity Address Line	NC Medicaid will not use this segment
	3	S	PER01	Contact Function Code	NC Medicaid will only return this segment when EB01 – L Follow rules of the Implementation Guide
			PER02	Benefit Related Entity Contact Name	Follow rules of the Implementation Guide
			PER03	Communication Number Qualifier	NC Medicaid will set this value to 'WP' - work phone

LOOP	SEG Repeat	SEG Requirement	Element	Industry Name	North Carolina Medicaid Specifications
			PER04	Benefit Related Entity Communication Number	NC Medicaid will return the daytime phone number of the PCP
			PER05	Communication Number Qualifier	NC Medicaid will set this value to 'TE' - telephone
			PER06	Benefit Related Entity Communication Number	NC Medicaid will return the nighttime phone number of the PCP if available
			PER07	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER08	Benefit Related Entity Communication Number	Follow rules of the Implementation Guide
			PER09	Contact Inquiry Reference	Follow rules of the Implementation Guide
	1	S	PRV01	Provider Code	NC Medicaid will not use this segment
	1	S	LE01	Loop Identifier Code	Follow rules of the Implementation Guide
2000D/S-265	> 1	S		DEPENDENT LEVEL	NC Medicaid will not use this loop
9999/R-341	1			TRANSACTION SET TRAILER	
	1	R	SE01	Transaction Segment Count	Follow rules of the Implementation Guide
			SE02	Transaction Set Control Number	Follow rules of the Implementation Guide

5. DOCUMENT CHANGE HISTORY

Project Information
Project Name: North Carolina Medicaid Companion Guide
Status: Final (Version number and date are used for configuration control of this deliverable)

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Version	Issue Date	Created By	Comments/Reason
1.0	09/05/2002	Kristi Troutt	Original document
1.1	12/08/2003	Kristi Troutt	Update made to the Subscriber Eligibility or Benefit Information loop (2210C), in the SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION (EB) segment, in the plan coverage description field (EB05) on pg. 17 and the message text field (MSG01) on pg. 19.
1.2	3/27/2006	Stacey Barber	Update made to EB05 on page 19 to indicate change to program coverage for Family Planning Waiver.